

Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jane Addison

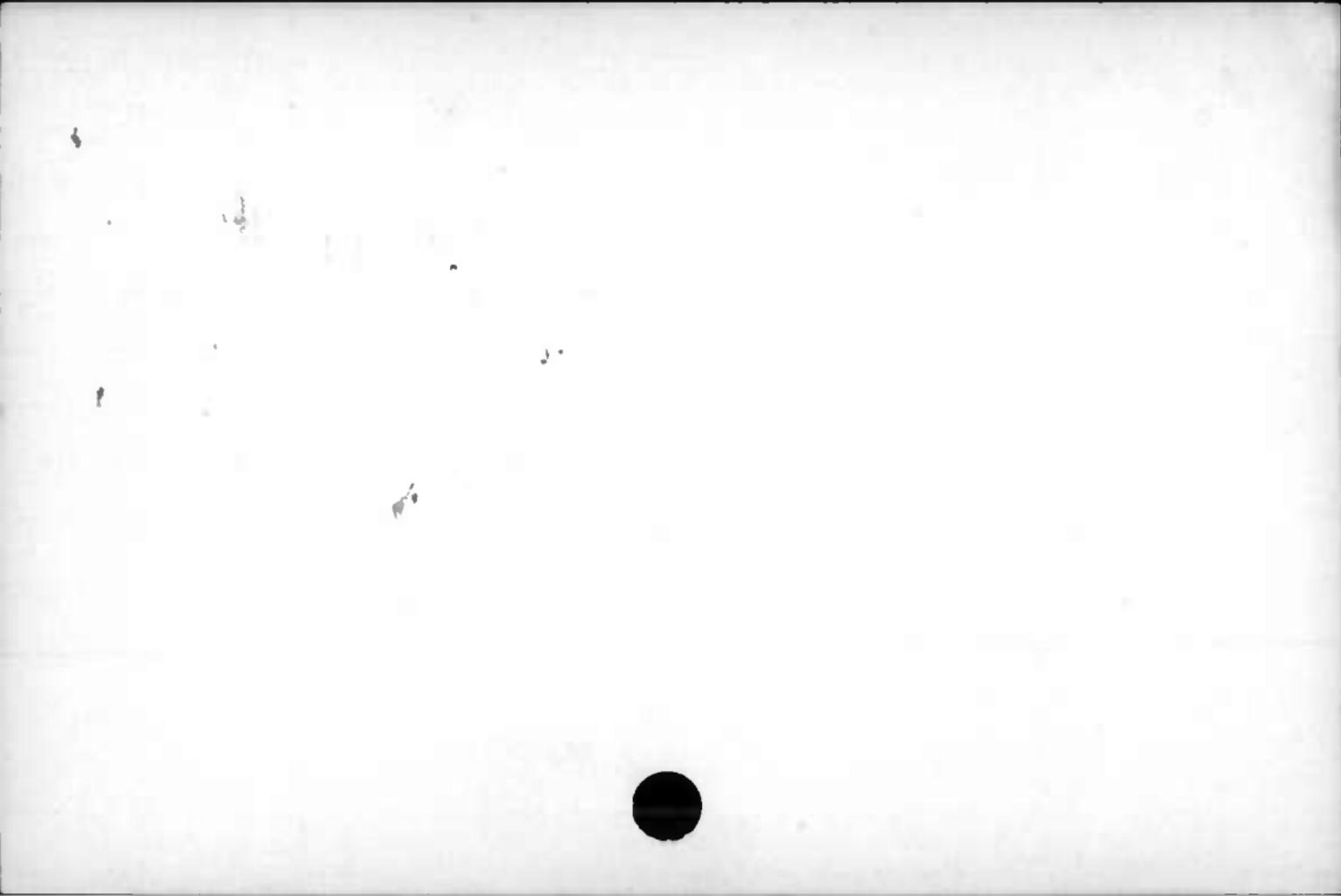
CERTIFICATE OF DEATH

| | | | | | | |
|--|--|--|-----------------|-----------------|--|-------------------------------------|
| Died at <u>Laytonsville</u> | | County <u>Montgomery</u> | | MARYLAND | | |
| Date of death <u>1907</u> | Month <u>Nov</u> | Day <u>20</u> | Years <u>65</u> | Months <u>-</u> | Days <u>-</u> | |
| Sex <u>Female</u> | Color or Race <u>Colored</u> | Birthplace <u>Montgomery Co</u> | | | | |
| Occupation <u>House work when able</u> | | Where Residing if not at place of death <u>-</u> | | | | |
| Married, Single or Widowed <u>widowd</u> | Name of Wife or Husband <u>David Addison</u> | Father's Birthplace <u>Montgomery Co</u> | | | | |
| Father's Name <u>Hestley Pratt</u> | | | | | Mother's Birthplace <u>" "</u> | |
| Mother's Maiden Name <u>Hester Hall</u> | | | | | Name of person giving Information <u>James R Wallace</u> | How related to deceased <u>None</u> |

CAUSES OF DEATH

64

| | |
|--|---|
| Primary <u>Arterio Sclerosis</u> | How long <u>several years</u> |
| Immediate <u>Cerebral Hemorrhage</u> | How long <u>about 24 hours</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>V M Dyer</u> |
| | Address <u>Laytonsville Montgomery Co</u> |
| Accident or Suicide? | |



Name
in
Full

Charles Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

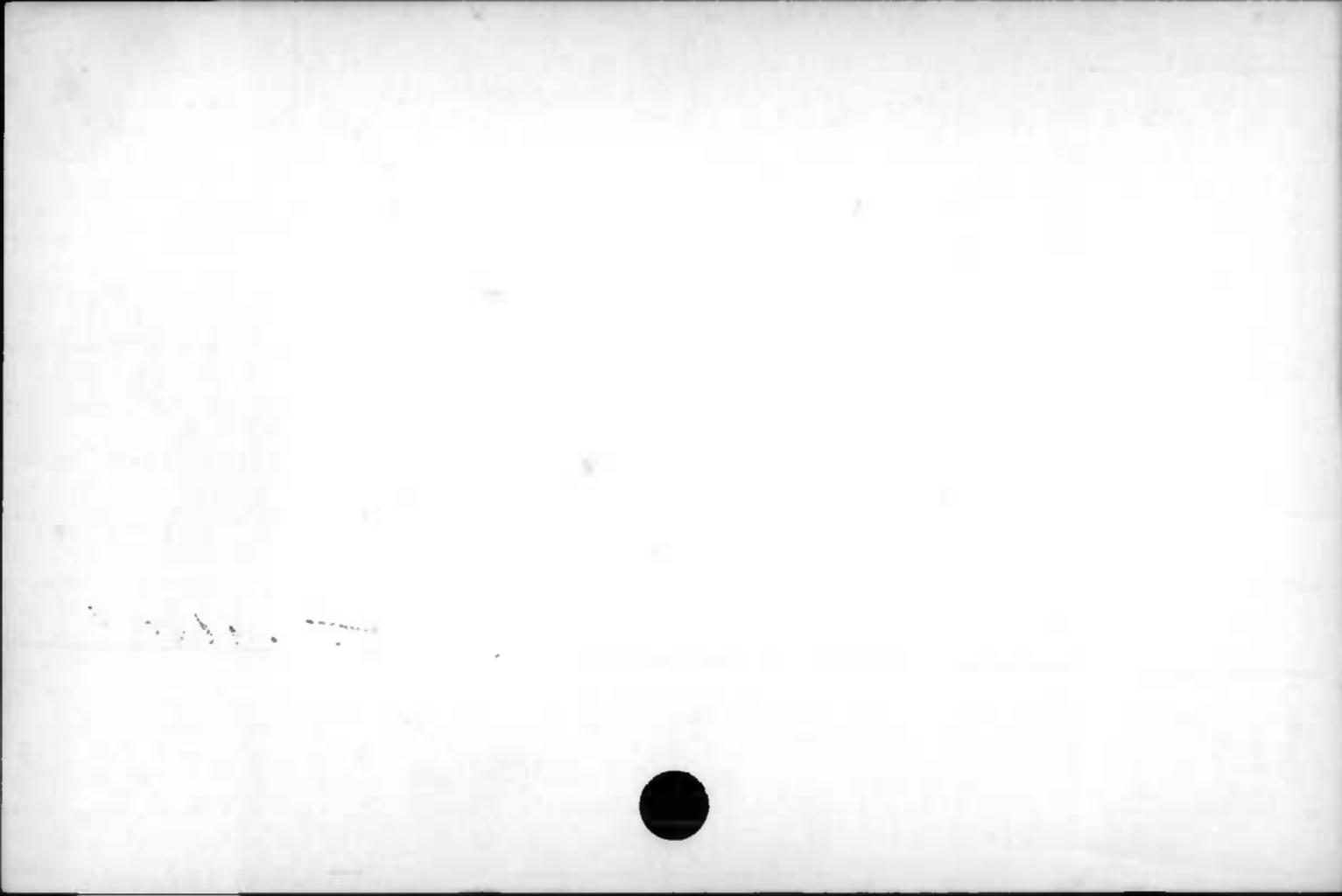
| | | | |
|-----------------------------------|---|--------------|----------|
| Died at | Town | County | MARYLAND |
| Died at | near Bethesda | Montgomery | |
| Date of death | Month | Day | Years |
| 1907 | 11 | 30 | Age 30 |
| Sex | Color or Race | Birth-place | |
| Male | Negro | Maryland | |
| Occupation | Where Residing if not at place of death | | |
| Married, Single or Widowed | Name of Wife or Husband | Montrose Md. | |
| Married | Blanche Anderson | | |
| Father's Name | Joseph Anderson | | |
| Mother's Maiden Name | Mary Spigg | | |
| Name of person giving information | How related to deceased | | |
| Joseph H. Spigg Father | | | |

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|------------------------|----------------------|
| Primary | Killed by electric car | How long | Instant death |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Edward Anderson M.D. |
| | | Address | |
| Accident or Suicide? | Accident | | |



Name
in
Full

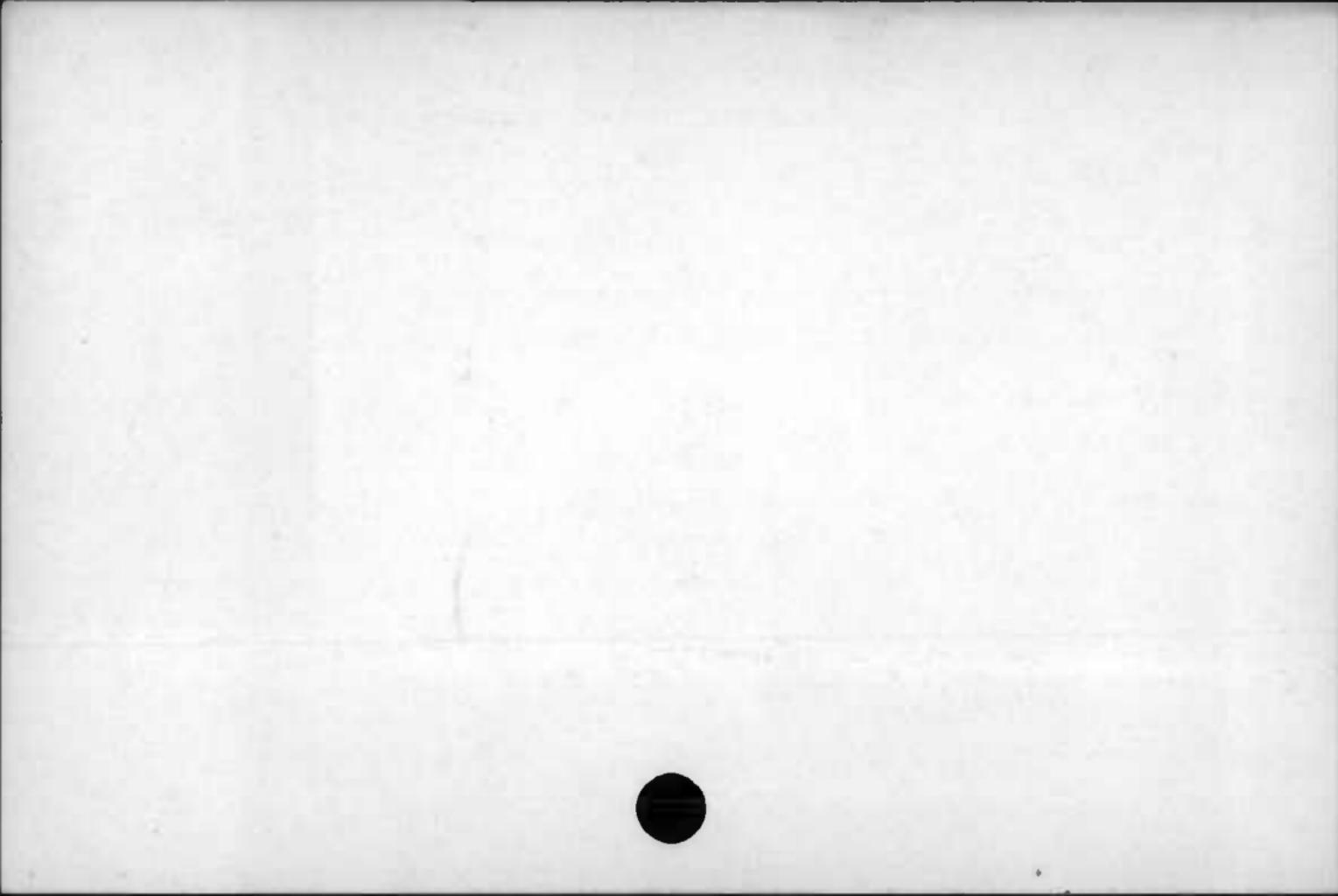
Rose Austin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-------------------------|---|-------------------------|----------------|--------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Age | Years | Months |
| Sex | Color or Race | Where Residing if not at place of death | Birth-place | Days | |
| Occupation | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Father's Birthplace | | | |
| Father's Name | Jos Austin | | Backbordy Md | | |
| Mother's Maiden Name | Rose Johnson | | Mother's Birthplace | Damascus | |
| Name of person giving Information | Jos Austin | | How related to deceased | Mother | |
| CAUSES OF DEATH | | | | | |
| Primary | Typhoid Fever | | (1) | How long | |
| Immediate | Convalescent Disease | | | air creeks | |
| Are the name, age, sex, color, date and place correctly given above? | | | Signature of Physician | How long | |
| Yes | | | J.W. Stevenson | air creeks | |
| | | | Address | Parnesville Md | |
| Accident or Suicide? | | | | | |

PHYSICIAN
OR CORONER



Name
in
Full

Patrick Curvel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|-------------|---------------------|---------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Birth-place | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Unknown | | | |
| Father's Name | Unknown Curvel | | Father's Birthplace | Ireland | |
| Mother's Maiden Name | Unknown | | Mother's Birthplace | Ireland | |
| Name of person giving information | Lincoln Curvel | | | | |
| How related to deceased | | | | | |

None

CAUSES OF DEATH

145

PHYSICIAN
OR CORONER

Primary

An ulcer of leg

How long

8 weeks

Immediate

Exhaustion

How long

4 days

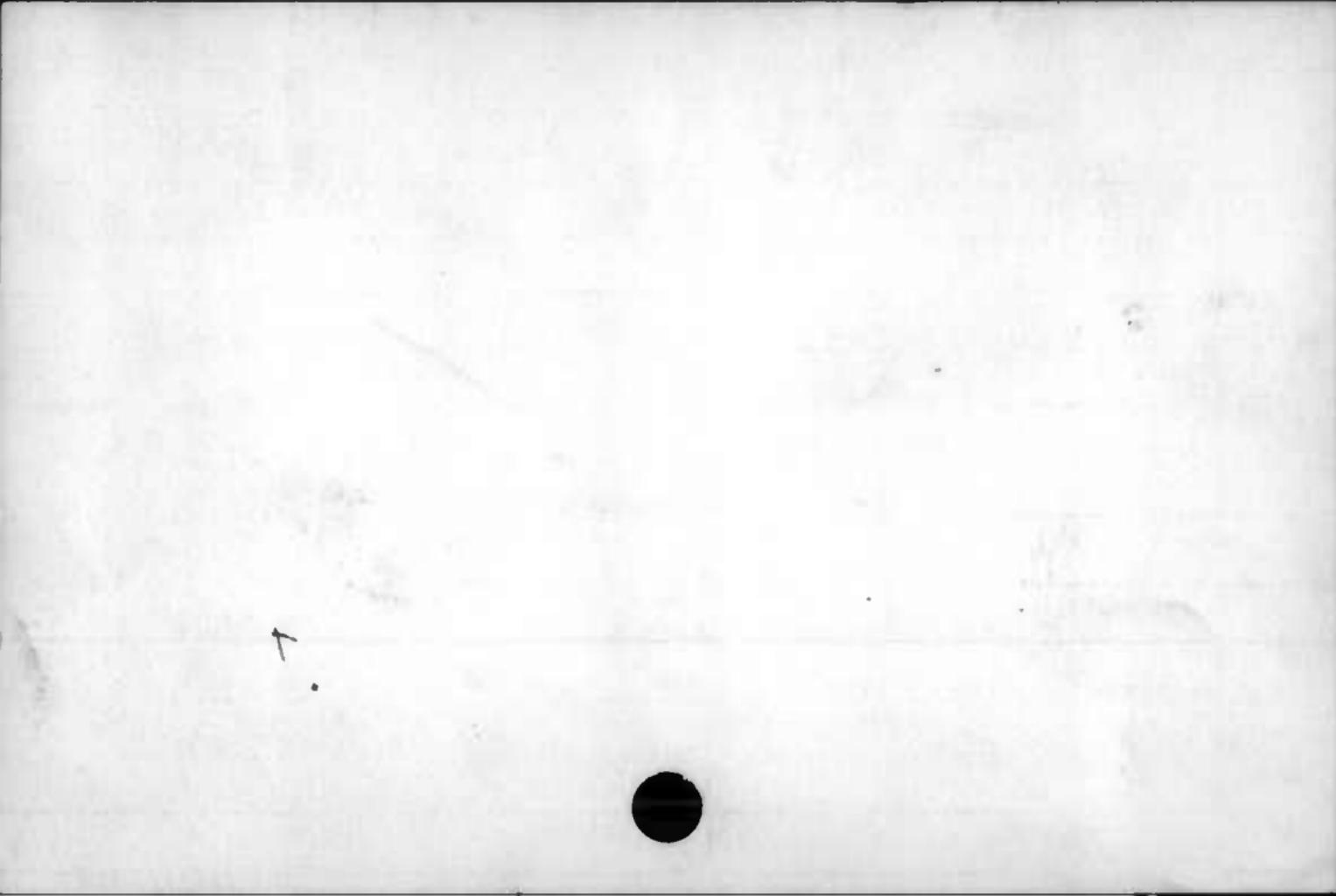
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Clairborne H. Mannat,

Accident or Suicide?



Name
in
Full

Grover Cose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | |
|-----------------------------------|--------------------|---|----------|------------|------|-------|----|--------|---|------|---|
| Died at | Quiner's Orchard | County | MARYLAND | | | | | | | | |
| Date of death | 1907 | Month | 11 | Day | 25 | Years | 24 | Months | 9 | Days | 3 |
| Sex | Male | Color or Race | White | Birthplace | 91st | | | | | | |
| Occupation | Farm hand | Where Residing if not at place of death | | | | | | | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | | | | | | | |
| Father's Name | unknown | Father's Birthplace | | | | | | | | | |
| Mother's Maiden Name | Mary Cose | Mother's Birthplace | | | | | | | | | |
| Name of person giving Information | Lillie Scherpyback | How related to deceased | | | | | | | | | |

CAUSES OF DEATH

27

How long

6 weeks

How long

PHYSICIAN
OR CORONER

Primary

Consumption

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

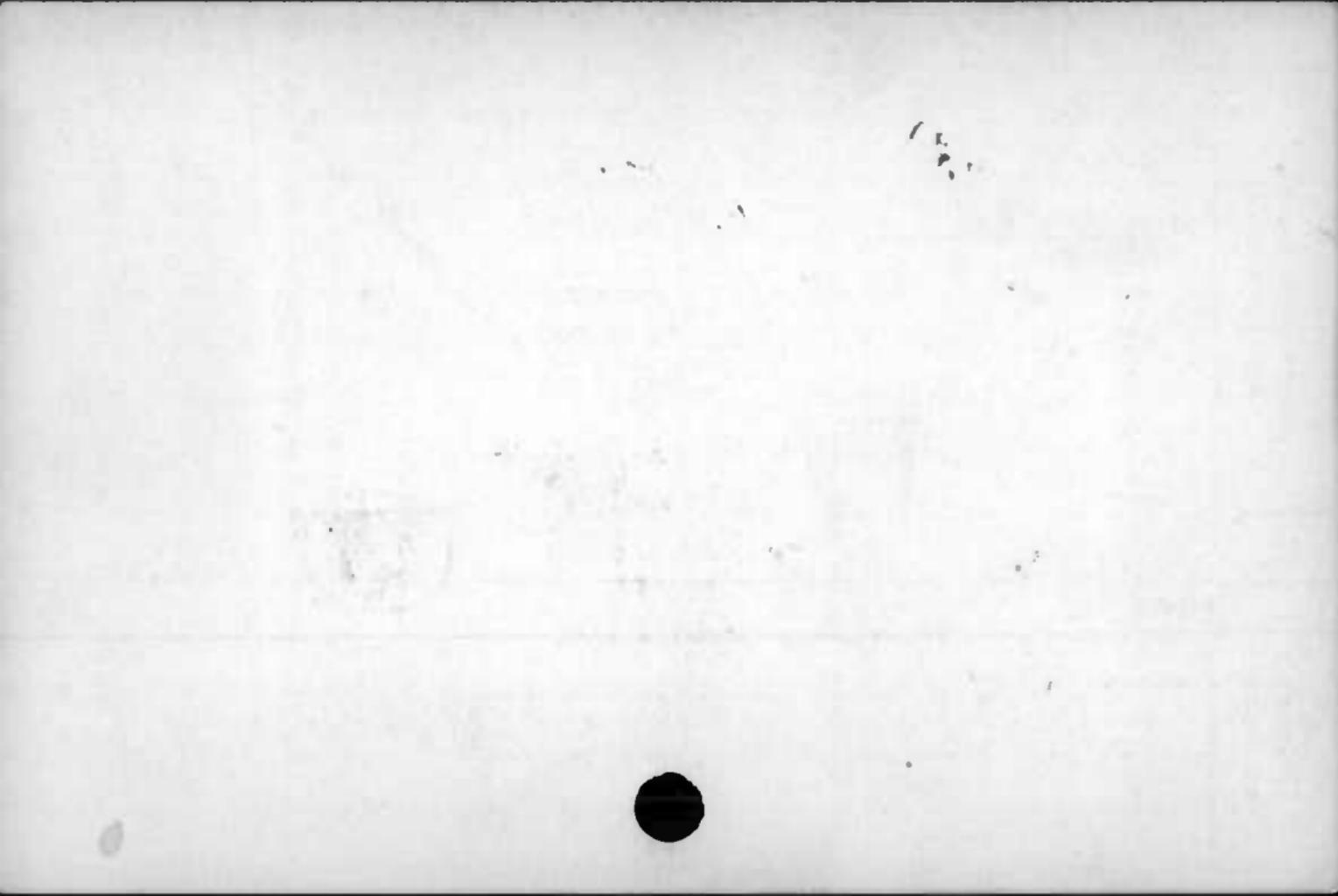
Signature of Physician

Address

E H Estelison

Gaithersburg Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

| | | | | | | | |
|-----------------------------------|---|---------------|-------------------------|-------------|------------|--|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days | | |
| Sex | Female | Color or Race | White | Birth-place | Buck Lodge | | |
| Occupation | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | | |
| Father's Name | Richard E. Darby | | Father's Birthplace | Buck Lodge | | | |
| Mother's Maiden Name | Johnnie Whitaker | | Mother's Birthplace | Lond | | | |
| Name of person giving information | Ole Miller | | How related to deceased | not related | | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Pneumonia

two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

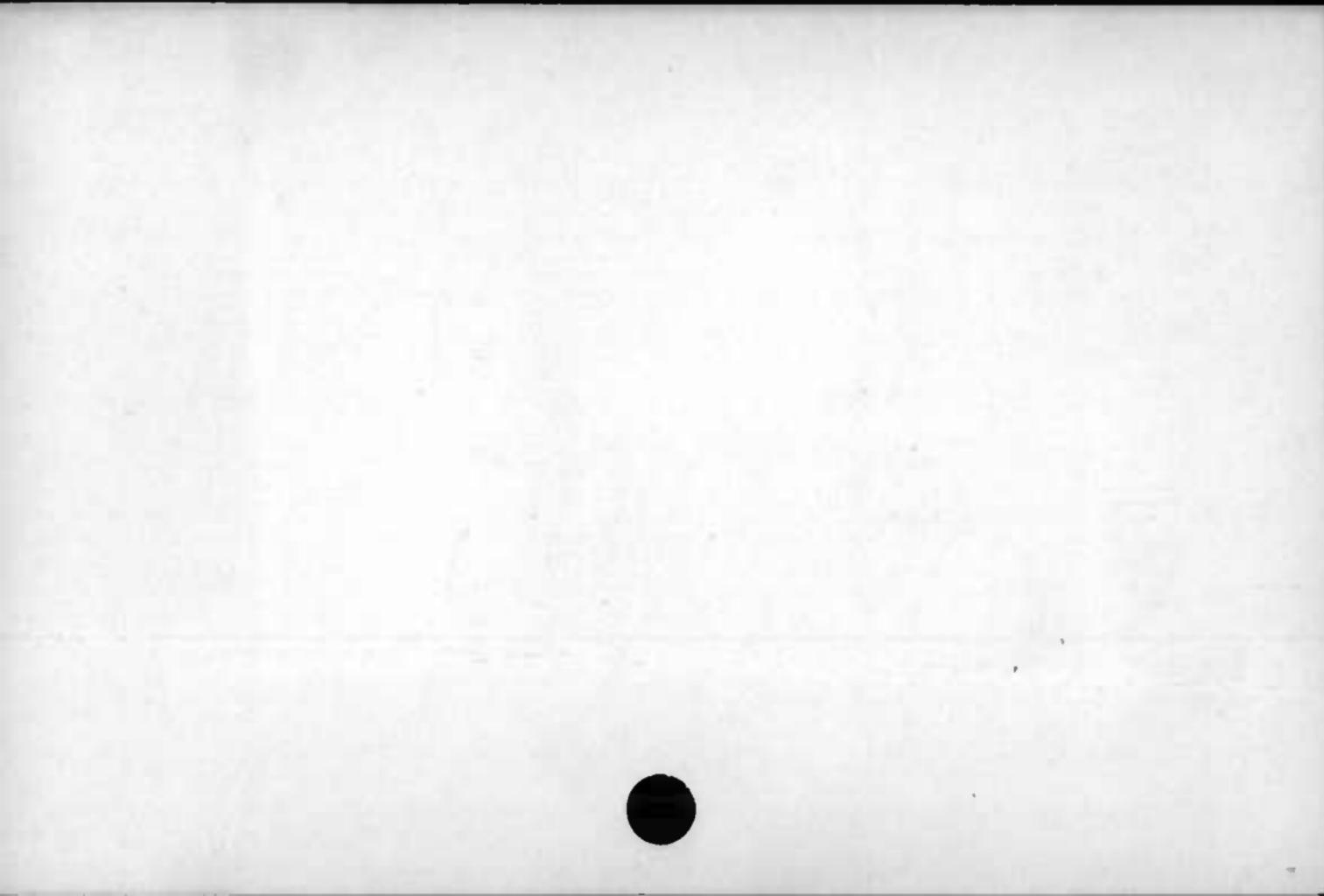
Address

Yes

John Whitaker
Dad

Barnsville

Accident or Suicide?



Name
in
Full

Martha Dawson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|----------------|----------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death 1907 | Month Nov. | Day 27 | Years 28 | Months | Days |
| Sex Female | Color or Race Colored | Birth-place Va | | | |
| Occupation Dandisnay | Where Residing if not at place of death Wash. D.C. | | | | |
| Married, Single or Widowed Single | Name of Wife or Husband — | | | | |
| Father's Name Dandisnay | Father's Birthplace Dandisnay | | | | |
| Mother's Maiden Name Lizzie Dawson | Mother's Birthplace Va | | | | |
| Name of person giving information Lizzie Dawson | How related to deceased Nephew | | | | |

CAUSES OF DEATH

(199)

How long

3 weeks

How long

Dr. Luthra
Rockville Md

PHYSICIAN
OR CORONER

Primary

Pneumonia

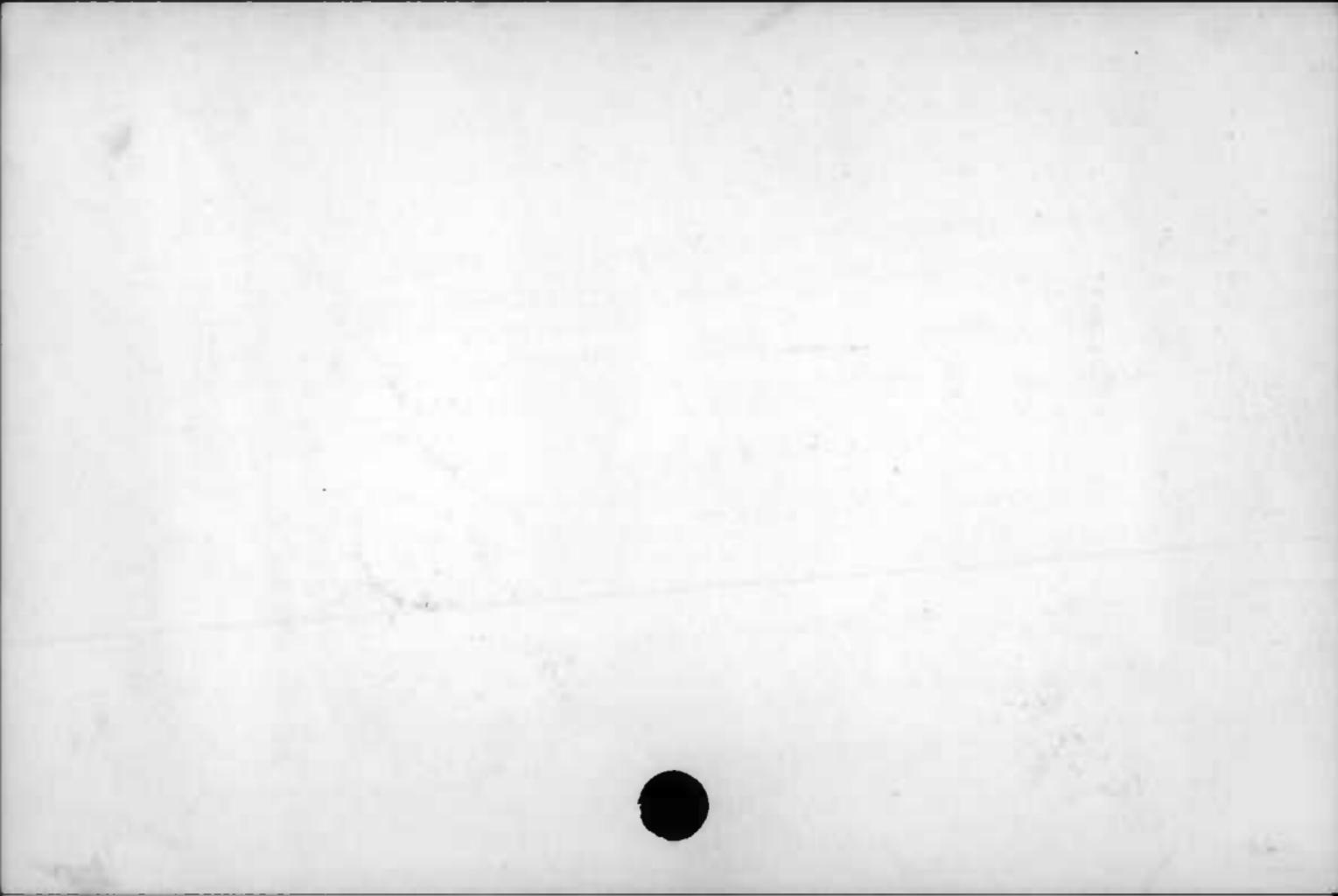
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Rachael Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|---|-------|----------|---------------------|---------------------|----------------|
| Died at ^{Town} River Road | ^{County} Montgomery | | | MARYLAND | | |
| Date of death 1907 | Month 11 | Day 8 | Years 84 | Months 6 | Days | |
| Sex Female | Color or Race | White | | | Birthplace | Montg. Co. Md. |
| Occupation House-wife | Where Residing if not at place of death | | | ✓ John Thomas Dean | | |
| Married, Single or Widowed Widow | Name of Wife or Husband | | | | Father's Birthplace | Prussia |
| Father's Name Sam'l Sharmather | | | | Mother's Birthplace | Penns. | |
| Mother's Maiden Name Ellis | | | | How related | Son | |
| Name of person giving information Charles T. Dean | | | | In deceased | | |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Old age

How long

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

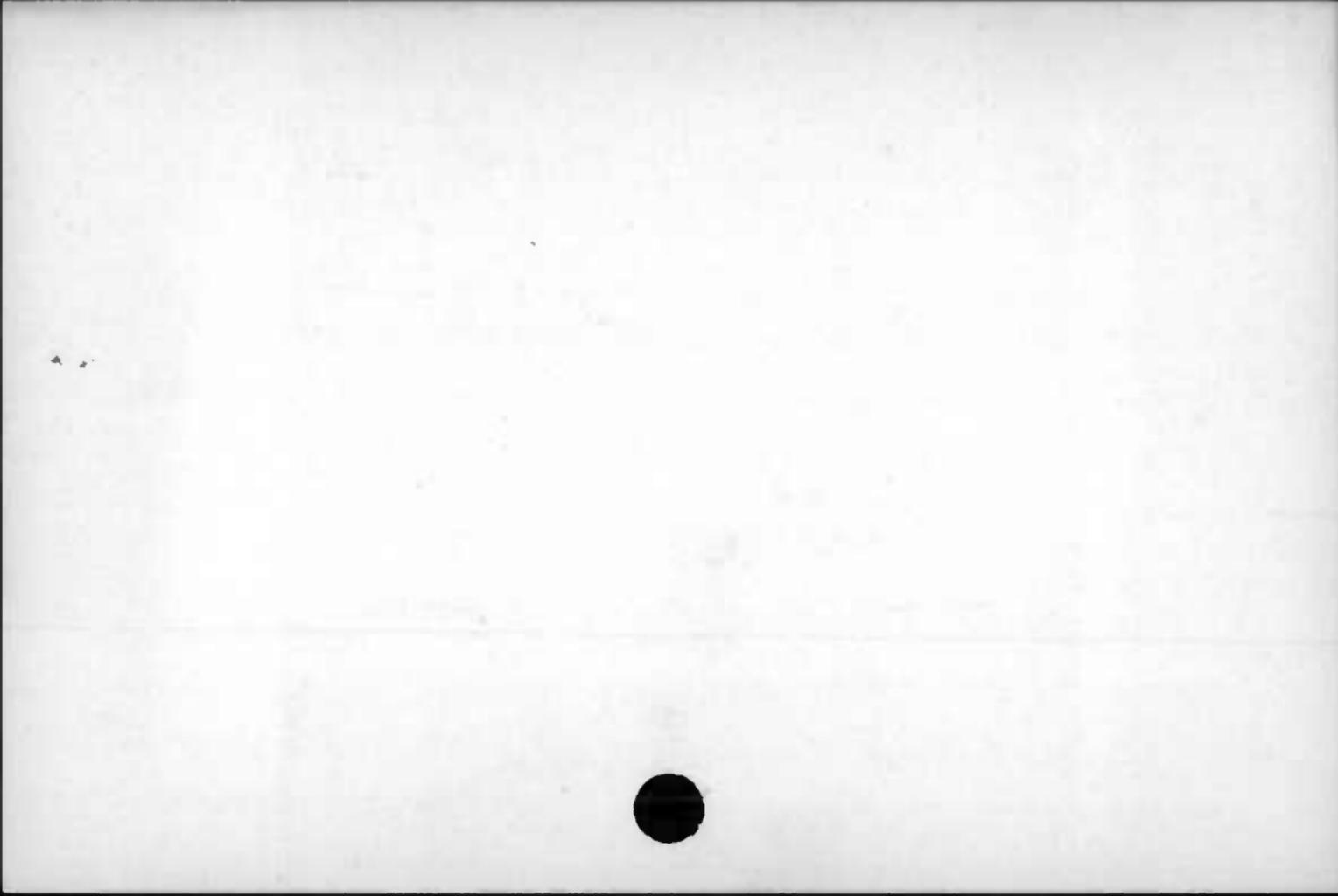
Address

John L. Lewis M.D.
Bethesda

Md.

Accident or Suicide?

No



Name
in
Full

Benton Subbar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|--------------|----------|--------|------|
| Town | County | | MARYLAND | | |
| Died at <u>Burton</u> | <u>Maryland</u> | | | | |
| Date of death <u>1907 Nov</u> | Month | Day | Years | Months | Days |
| Sex <u>male</u> | Color or Race | <u>Black</u> | | | |
| Occupation <u>Sabores</u> | Where Residing if not at place of death <u>Unknown</u> | | | | |
| Married, Single or Widowed | Name of Wife or Husband <u>Unknown</u> | | | | |
| Father's Name <u>Aaron Butler</u> | Father's Birthplace <u>Ind.</u> | | | | |
| Mother's Maiden Name <u>Unknown</u> | Mother's Birthplace | | | | |
| Name of person giving information <u>Henry Butler</u> | How related to deceased <u>Aphewre</u> | | | | |

CAUSES OF DEATH

154

How long

2 years

How long

405 days

PHYSICIAN
OR CORONER

Primary General debility

Immediate Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

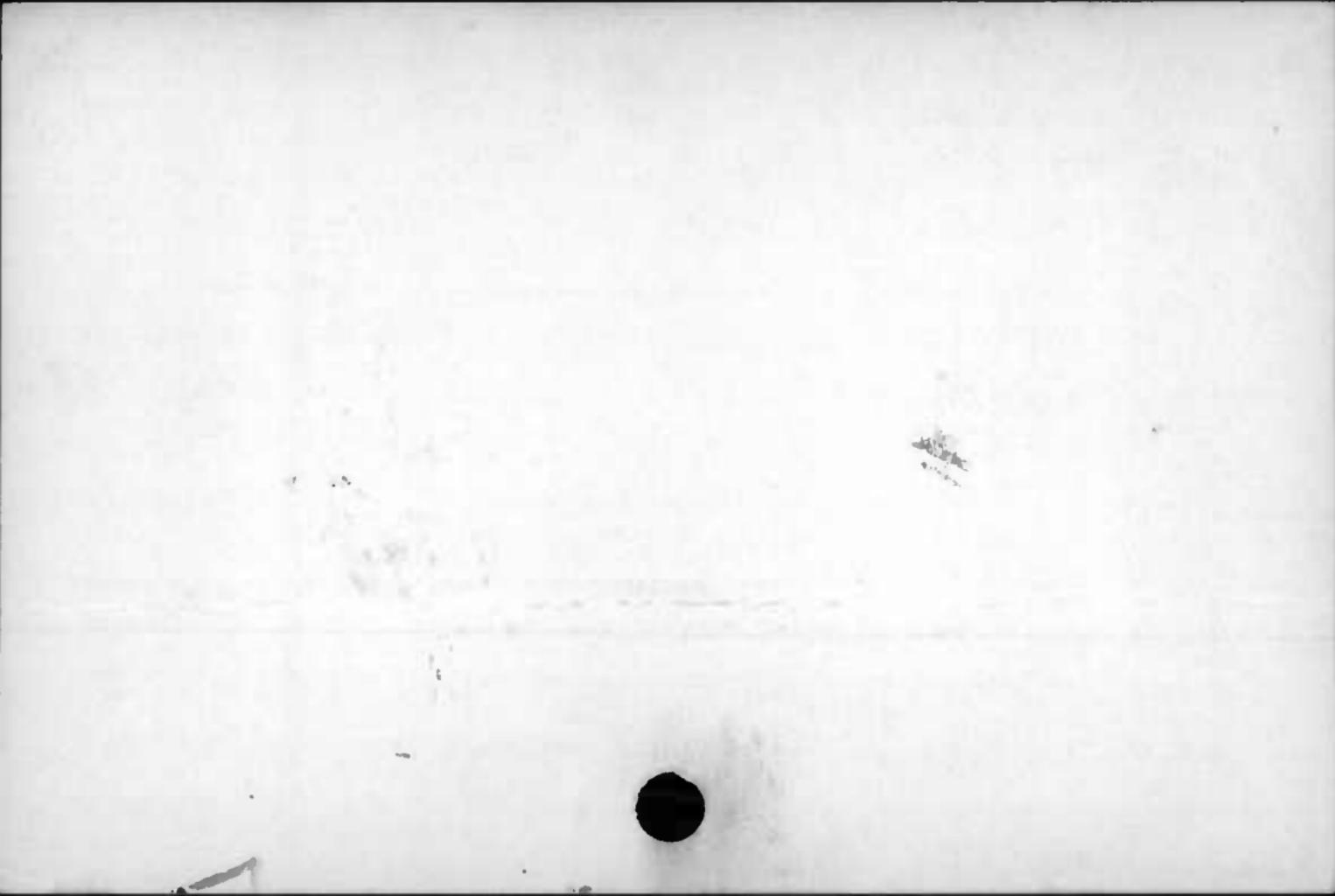
Signature of Physician

J. C. Burton

Address

Spencerville
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

U

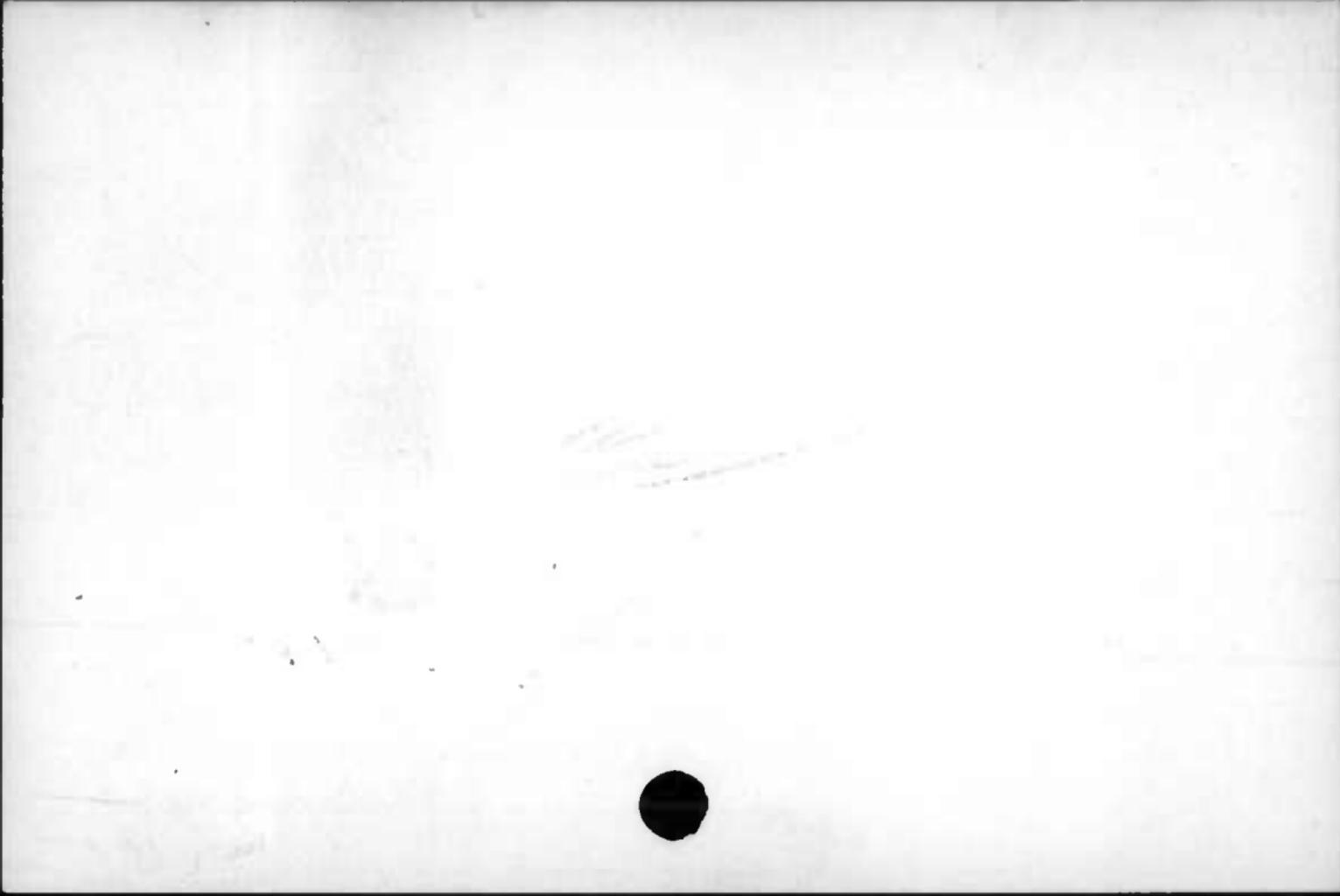
CERTIFICATE OF DEATH

| | | | | | |
|--|--|------------------------------------|----------|----------|--------|
| Died at | Town | County | MARYLAND | | |
| Date of death 1907 | Month Nov | Day 26 | Years 77 | Months 6 | Days - |
| Sex Female | Color or Race White | Birth-place Pa | | | |
| Occupation None | Where Residing if not at place of death Same | | | | |
| Married, Single or Widowed Single | Name of Wife or Husband James Foreman | Father's Name | | | |
| Mother's Maiden Name | Husband | Father's Birthplace Pa | | | |
| Name of person giving Information John Mathias | Stepson | Mother's Birthplace Pa | | | |
| | John Mathias | How related to deceased Son-in-law | | | |

CAUSES OF DEATH

79

| | | |
|--|-----------------------|--------------------------------|
| Primary | Organic Heart disease | How long 5 years |
| Immediate | Acute Indigestion | How long Ten hours |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician |
| | | Address |
| Accident or Suicide? | | Eugene Jones Washington and |



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

| | | | | | | |
|--|--|-----------|------------------------|---------------------------|--------|------|
| <i>Geo. Trajear</i> | | Town | County | | | |
| Died at <i>Sixty Gaithersburg</i> | Month | Day | <i>Montgomery</i> | Years | Months | Days |
| Date of death <i>1907</i> | <i>11</i> | <i>21</i> | <i>7</i> | <i>3</i> | | |
| Sex <i>Male</i> | Color or Race | Age | Birthplace | <i>Md</i> | | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | |
| Father's Name <i>Grant Trajear</i> | Father's Birthplace <i>Md</i> | | | | | |
| Mother's Maiden Name <i>Mary Johnson</i> | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving Information <i>Untitled Trajear</i> | How related and deceased <i>Grandmother</i> | | | | | |
| CAUSES OF DEATH | | | | | | |
| Primary | <i>Injined by glass</i> | | | | | |
| Immediate | <i>Petamell</i> | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | Signature of Physician | How long <i>> Days</i> | | |
| | | | Address | How long <i>1 Day</i> | | |
| Accident or Suicide? | | | | | | |

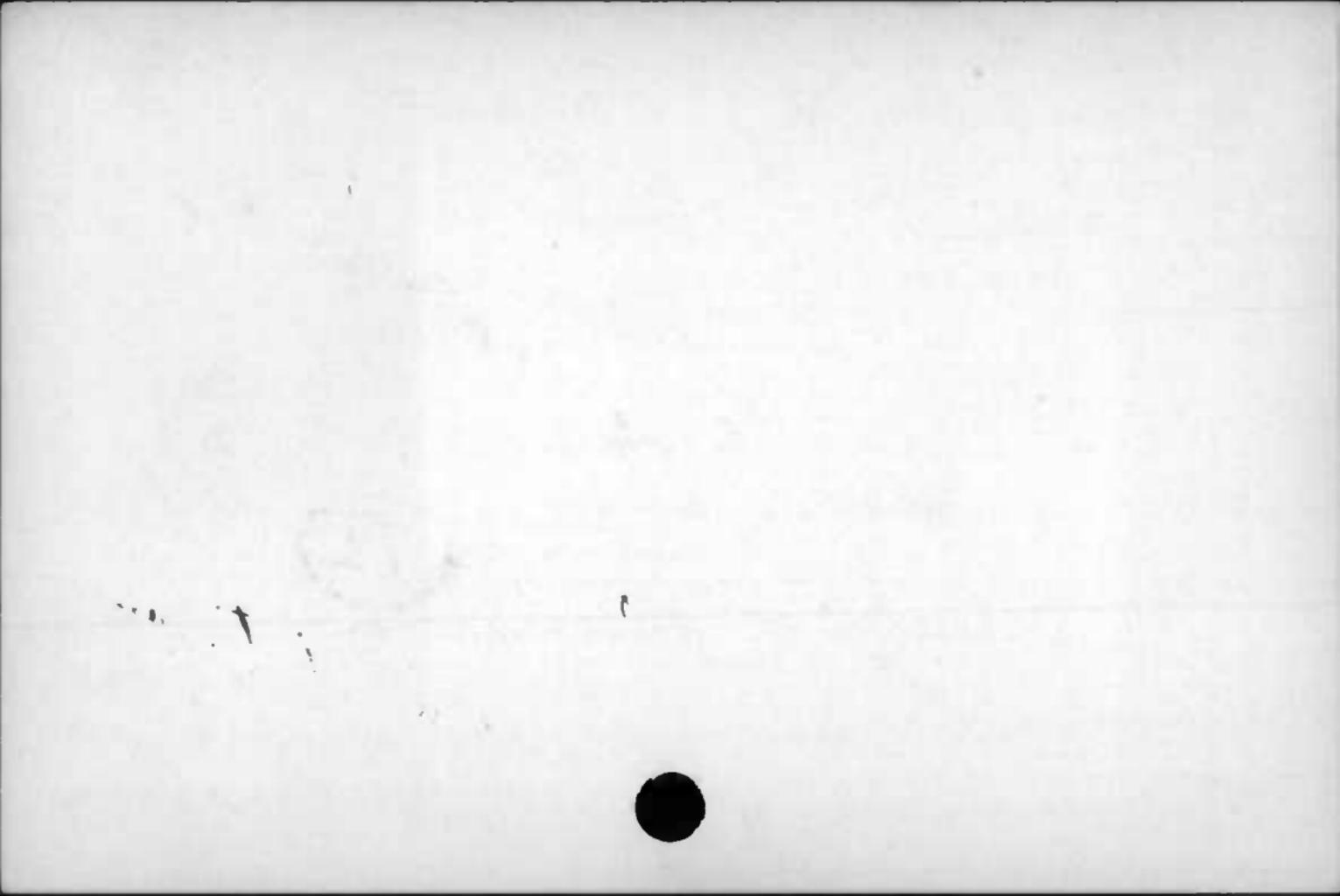
PHYSICIAN
OR CORONER

72

How long

How long

E. C. Etchison
Gaithersburg
Md



Name
in
Full

George Gaither

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|-------------------------------|---------------------------|------------------------------|------|
| Town | Montgomery | | | MARYLAND | |
| Died at near Rockville | Month | Day | Years | Months | Days |
| Date of death 190 | 11 | 16 | Age 52 | 3 | |
| Sex Male | Color or Race | White | Birth- place | Md | |
| Occupation Farmer | Where Residing if not at place of death | | | | |
| Married, Single or Widowed Married | Name of Wife or Husband Johnnie Graff | Father's Name Wm R Gathers | Father's Birthplace Md | | |
| Mother's Maiden Name Mary Ricketts | Mother's Birthplace Md | | | How related deceased Wife | |
| Name of person giving Information Joahma Graff | | | | | |

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Catarrh of stomach

How long

5 years

Immediate

11 11 11

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

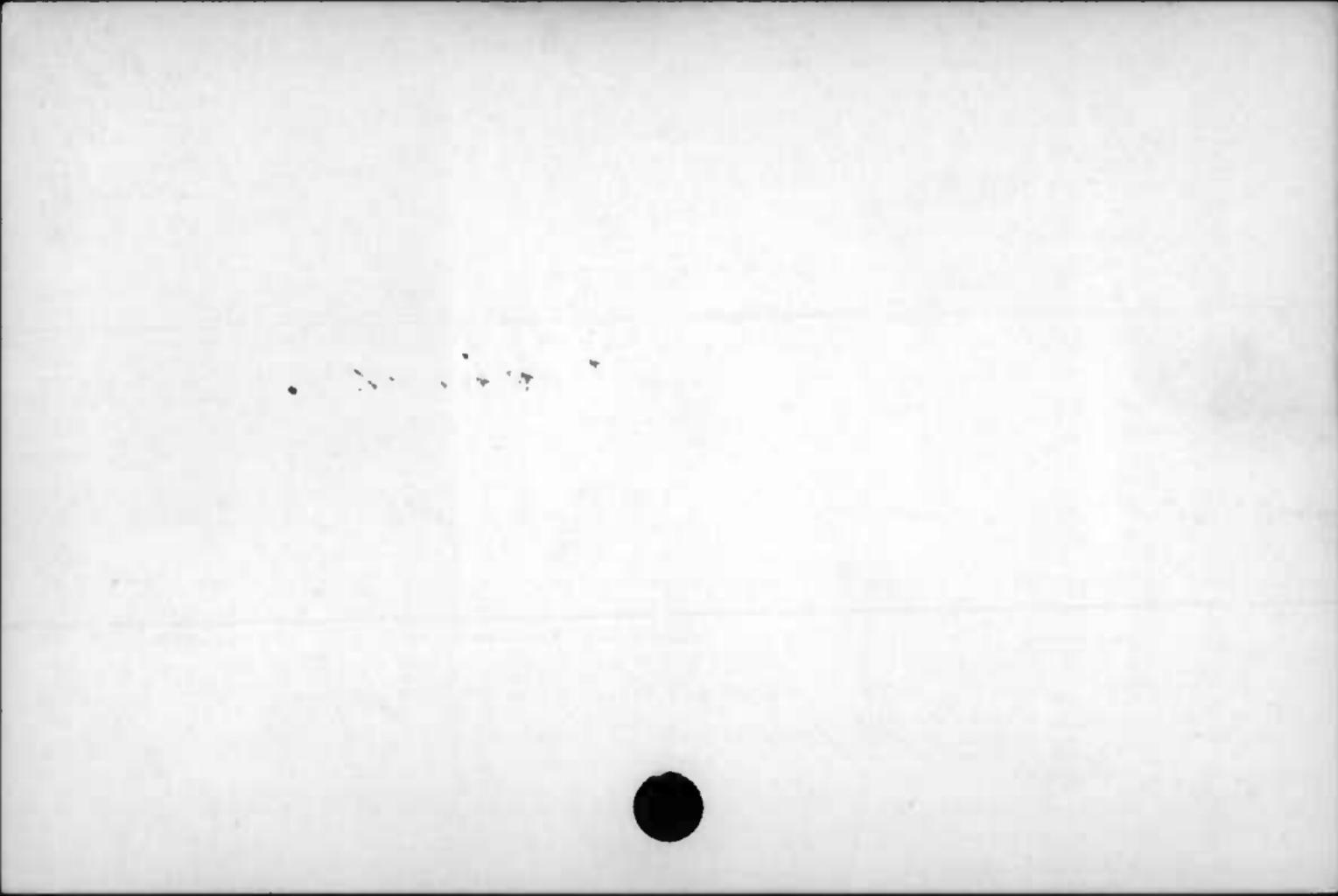
Address

E. C. Etchison
Gaithersburg

Md

J

Accident or Suicide?



Name
in
Full

Reedford Hale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|---------------------|----------|------|--|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Year | Months | Days | |
| 1907 | 11 | 1 | Age | 40 | |
| Sex | Color or Race | Birth-place | | | |
| Male | white | MD | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Laborer | Cousins | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Father's Birthplace | | | |
| Married | - | Wardlow | | | |
| Father's Name | Wardlow | | | | |
| Mother's Maiden Name | Wardlow | | | | |
| Name of person giving information | wife | | | | |

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

6 weeks

Immediate

Exhaustion after marriage

How long

Are the name, age, sex, color, date and place correctly given above?

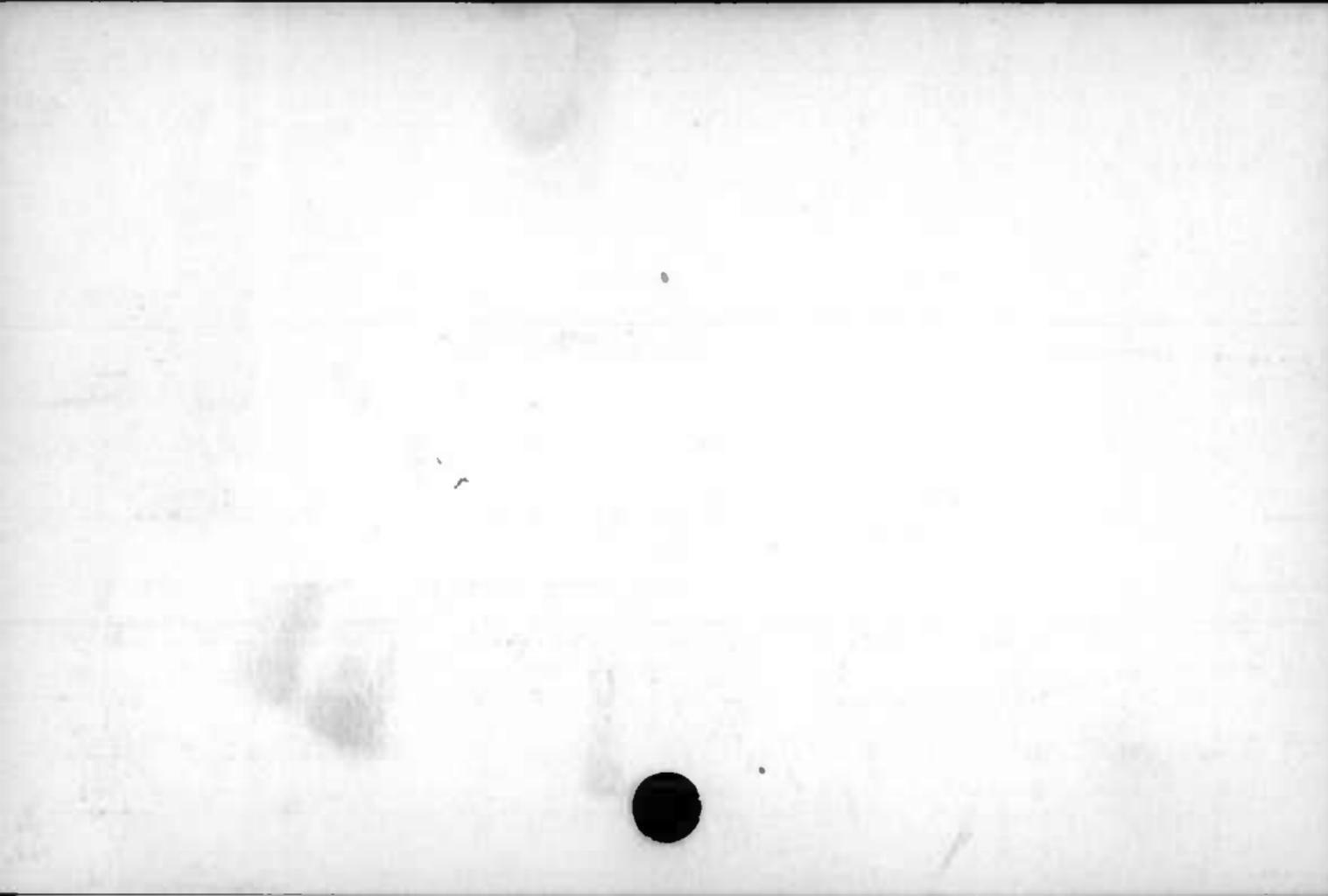
Signature of Physician

Address

Dr. Frederick
Reddick
Rockville
Md

U

Accident or Suicide?



Name
in
Full

John Edward Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|------------------|-------------------------|---|-------------------------|---------------------|
| Died at | Town | County | MARYLAND | | |
| Died at | Not known | Montgomery | | | |
| Date of death | Month | Day | Years | Months | Days |
| 1907 | Nov. | 9 th | Age 76 | — | — |
| Sex | Male | Color or Race | Colored | Birth-place | Montg. Co., Md. |
| Occupation | Labourer | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Sarah E. Johnson | Father's Birthplace | Montgomery Co., Md. |
| Father's Name | Jerry Johnson | | | Mother's Birthplace | Montgomery Co., Md. |
| Mother's Maiden Name | Sarah Johnson | | | How related to deceased | Wife |
| Name of person giving information | Sarah E. Johnson | | | | |

27[†]

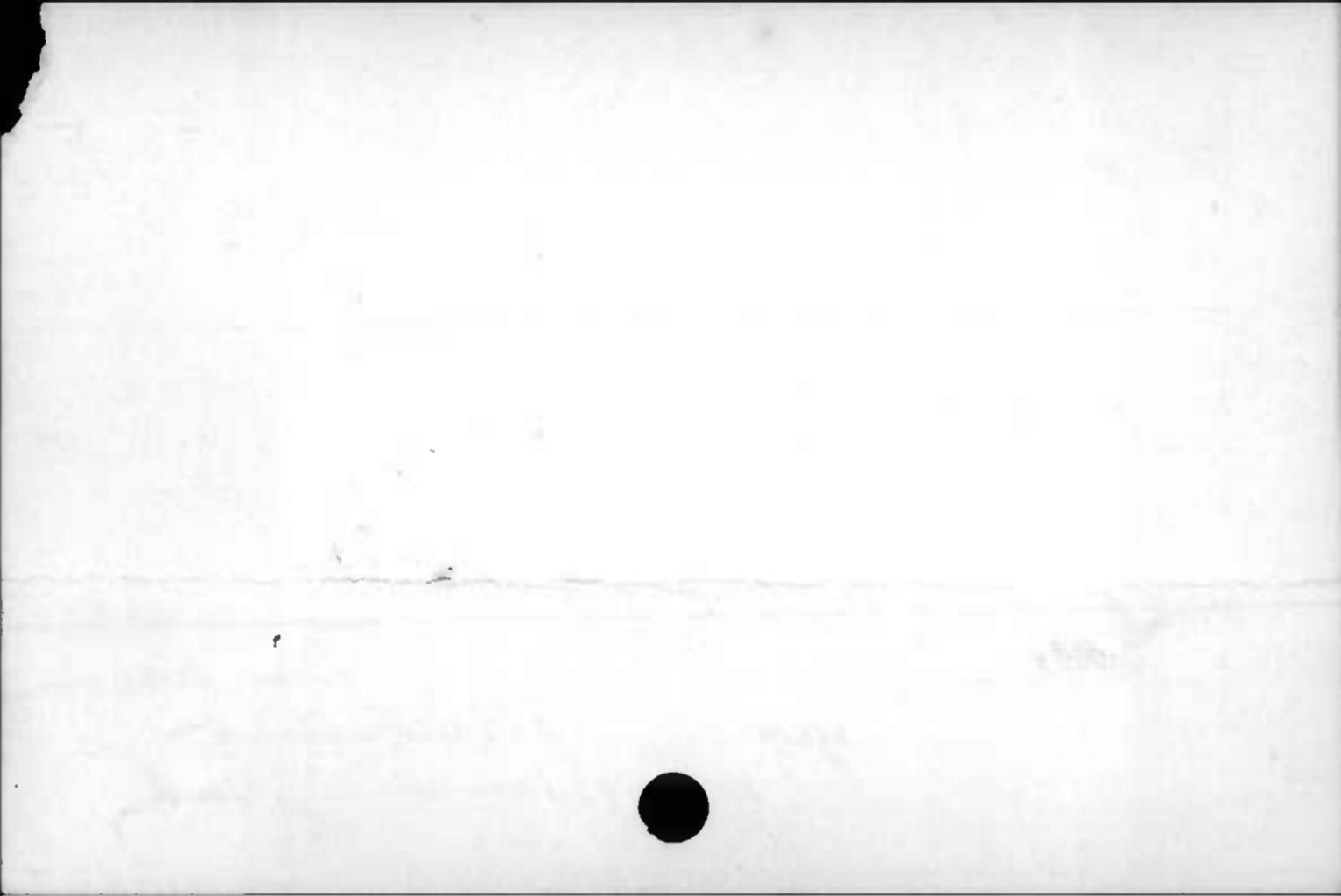
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|------------------------|------------------------|
| Primary | Pulmonary Tuberculosis | |
| Immediate | Asthma | |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician |
| | | Address |
| Accident or Suicide? | | |

About one year
How long

Chas. Farnicular.
Olney,
Md.



Name
in
Full

Mrs. Henry B. Lawson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|-----------|-------|-------------|------|
| Died at | Town | County | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | 55. | Birth-place | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Dickerson | | | |
| Father's Name | Henry B. Lawson | | | | |
| Mother's Maiden Name | John T. Givens | | | | |
| Name of person giving information | Dont Know. | | | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Mitral Regurgitation

How long

Six months

Immediate

Pneumonia

How long

Four days

Are the name, age, sex, color, date and place correctly given above?

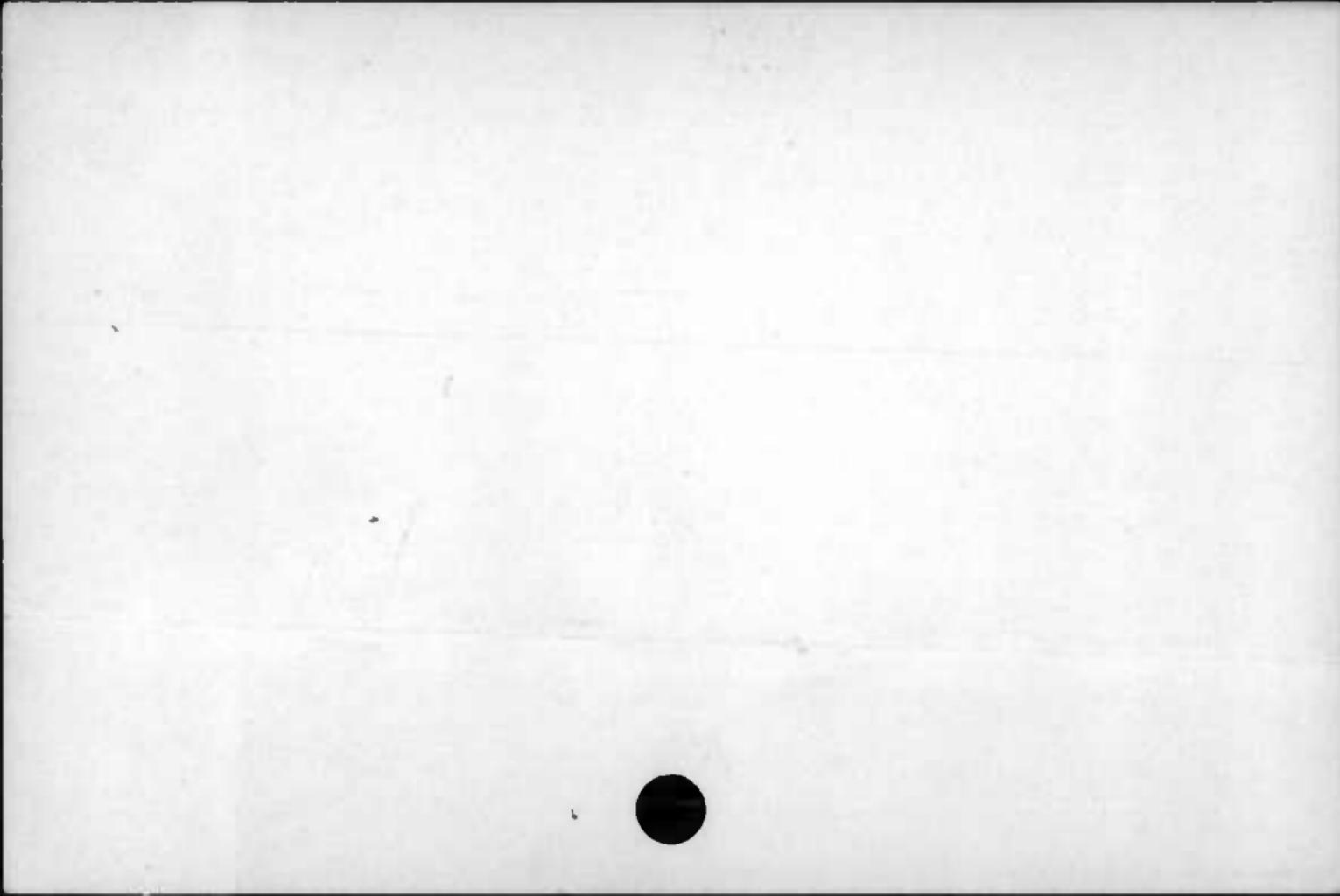
yes

Signature of Physician

J H Stonebruck

Address
Barnsville Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

| | | | | | | |
|-----------------------------------|-----------------|---|---------|-------------|-------------------------|------------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1907 | Month 11 | Day 26 | Years 74 | Months 9 | Days 0 |
| Sex | Male | Color or Race | Colored | Birth-place | Maryland | |
| Occupation | Labores | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | | |
| Father's Name | Unknown | | | | Father's Birthplace | Maryland |
| Mother's Maiden Name | Unknown | | | | Mother's Birthplace | Maryland |
| Name of person giving Information | William Rabbitt | | | | How related to deceased | Not at all |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary tuberculosis

How long

Five years

Immediate

Exhaustion

How long

One week

Are the name, age, sex, color, date and place correctly given above?

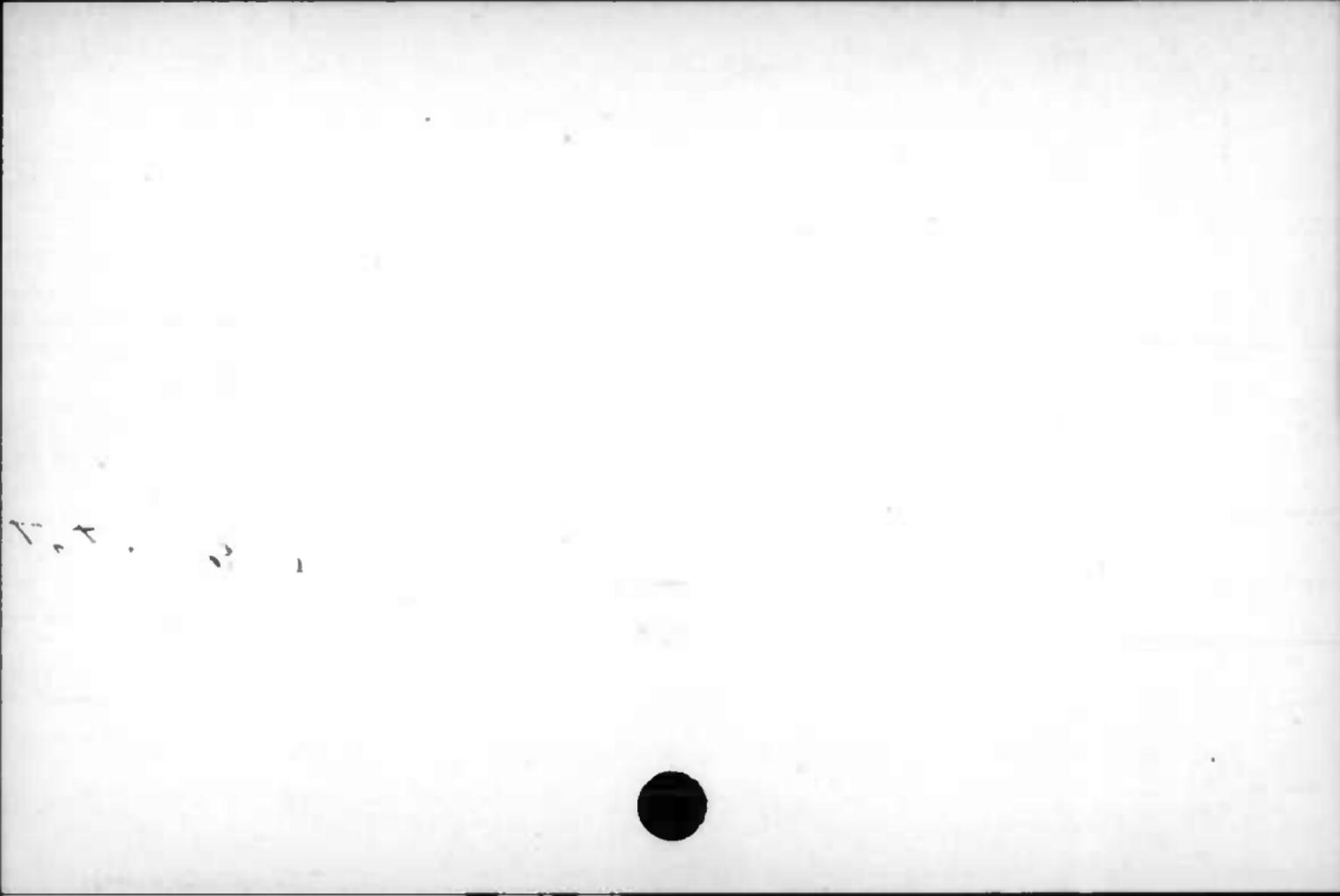
Yes

Signature of Physician

Address

Edward Anderson M.D.
Rockville, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | |
|---|---|-------------------------------------|--|------------------------------|------------|-------------|
| James L Lodge | | Town Guthersburg | County Montgomery | CERTIFICATE OF DEATH | | |
| Died at | Date of death 1907 | Month 11 | Day 19 | Age 67 | Years 5 | Months 5 |
| Sex Male | Color or Race White | Birth- place Md | Days — | | | |
| Occupation Preacher | Where Residing if not at place of death Alice Lodge | | | | | |
| Married, Single or Widowed Married | Name of Wife or Husband Johnathan Lodge | Father's Name Johnathan Lodge | Mother's Maiden Name Mary Duvall | Mother's Birthplace WV | | |
| Name of person giving Information Alice Lodge | How related to deceased Wife | | | | | |

CAUSES OF DEATH

66

How long

3 years

How long

1 hour

Primary

Paralysis

Immediate

11

Are the name, age, sex, color, date
and place correctly given above?

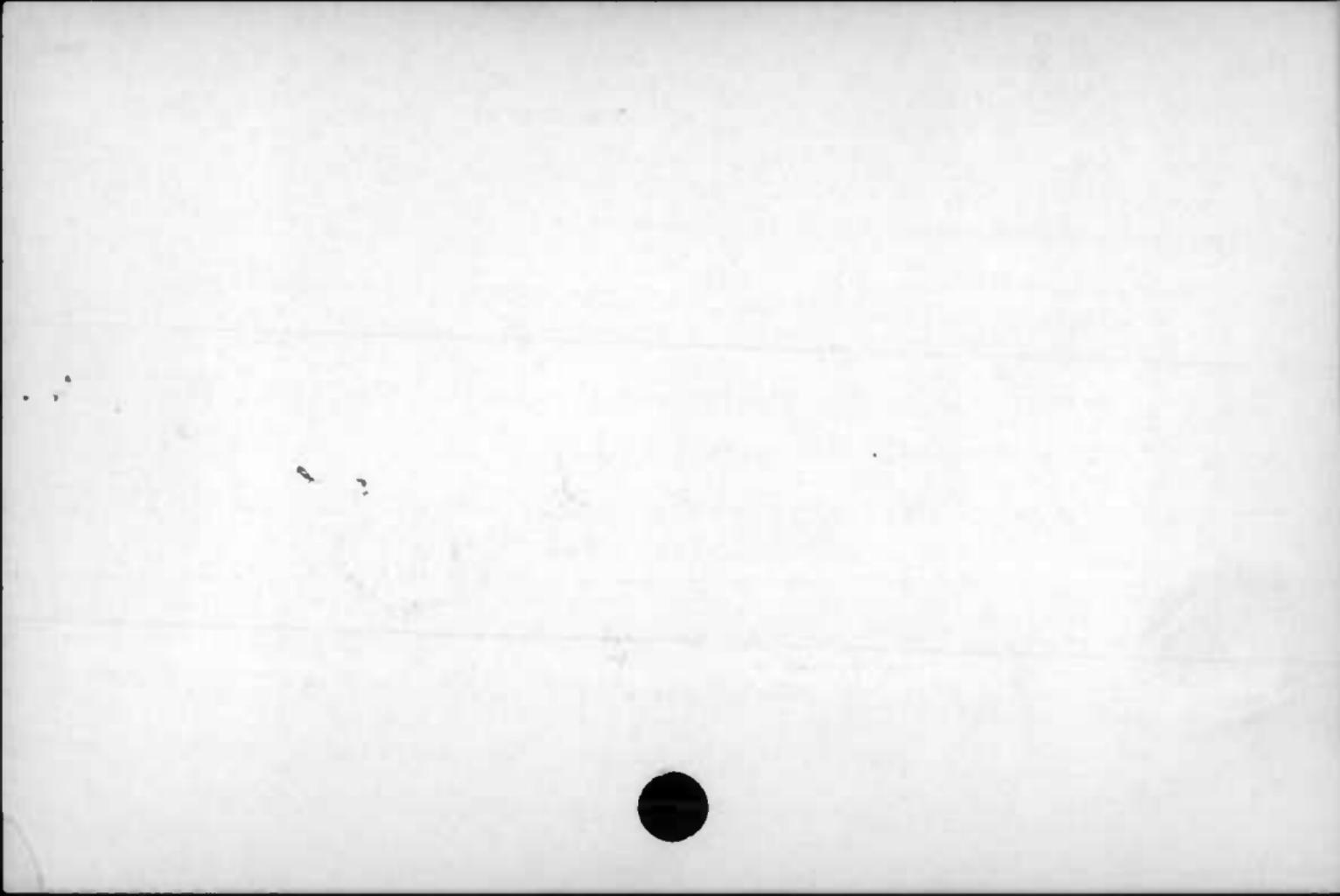
yes

Signature of
Physician

Address

E. C. Elchison
Guthersburg
Md.

Accident or Suicide?



Name
in
Full

Louisa H Mabley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

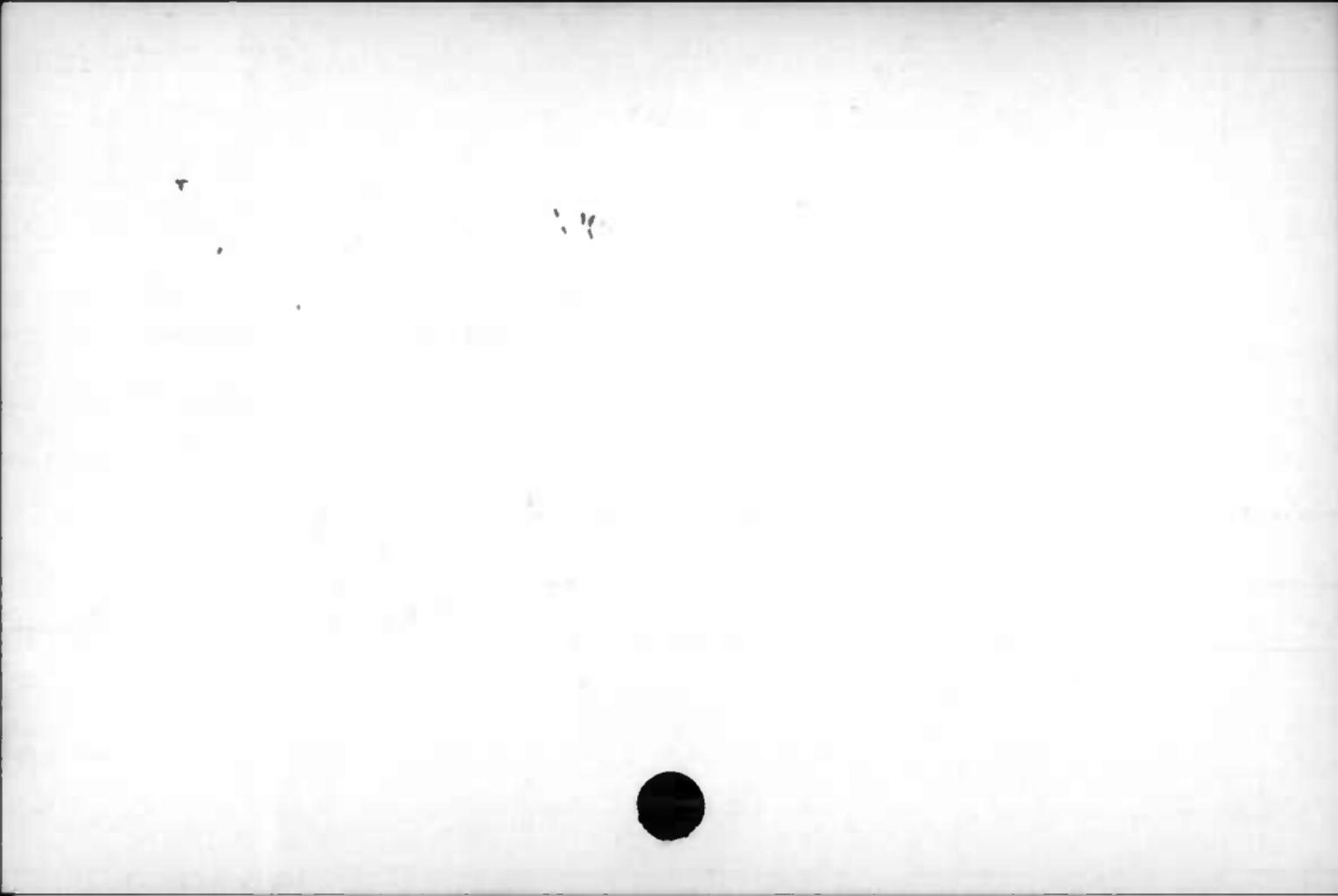
| | | | | | | |
|-----------------------------------|---|---------------|-------------|--------|------|-------------------------|
| Died at | Town | County | MARYLAND | | | |
| Date of death | Month | Day | Years | Months | Days | |
| Sex | Color or Race | Age | Birth-place | | | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Jm 13 Dorothy | | | | |
| Father's Name | Walter Griffith | | | | | Father's Birthplace |
| Mother's Maiden Name | Mary H Rigg | | | | | Mother's Birthplace |
| Name of person giving Information | William B Mabley | | | | | How related to deceased |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------|------------------------|------------------------------|
| Primary | Chronic Arthritis | | |
| Immediate | Stroke Cardia | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | V H Dyson |
| Yes | | Address | Laytonville Montgomery Co |
| Accident or Suicide? | | | |



Name
in
Full

Robert Proctor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

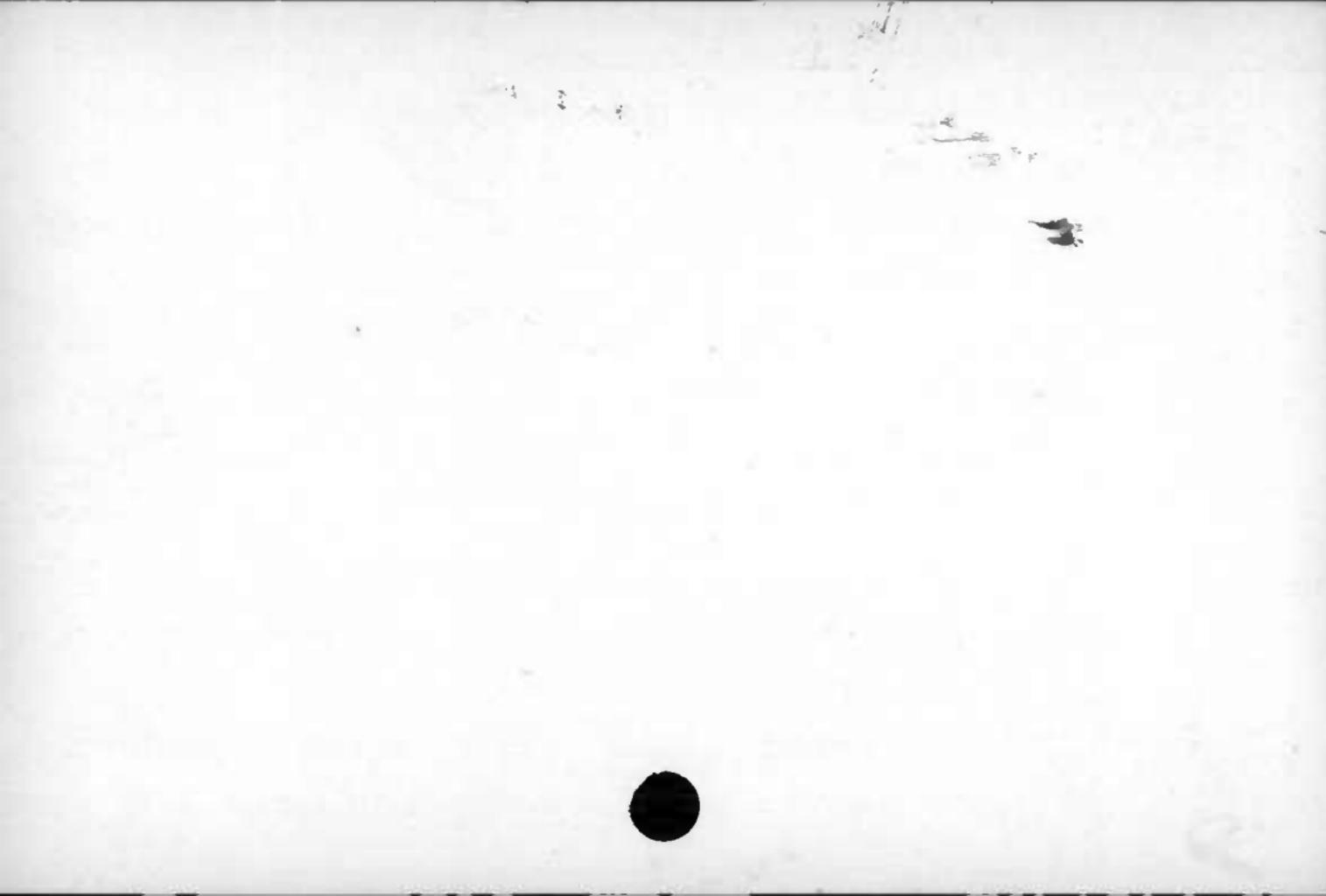
| | | | | | | |
|-----------------------------------|-------------------------|---------------|---|----------|----------|------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1907 | Month 11 | Day 3 | Years 45 | Months | Days |
| Sex | Male | Color or Race | Negro | | | |
| Occupation | Day labourer on farm | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | Where Residing if not at place of death | | | |
| Father's Name | Henry Proctor | | | | | |
| Mother's Maiden Name | Unknown | | | | | |
| Name of person giving information | Physician | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|---|------------------------|------------------|---------|
| Primary | Typhoid fever | | How long | 5 weeks |
| Immediate | Asthenia, General weakness after fever had left | | How long | — |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | A. D. House M.D. | |
| | | Address | Dawsonville Md | |

Accident or Suicide?



Name
in
Full

Katherine B. Sadler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | |
|--|---|-------------------------|---|-------------------------|-----------------|------|
| Died at <u>Hornmontrose</u> | | Town | County | | <u>MARYLAND</u> | |
| Date of death | Month | Day | Years | Age | Months | Days |
| 1907 | 11 | 24 | — | — | 2 | — |
| Sex | Female | Color or Race | white | Birth-place | <u>VA</u> | |
| Occupation | <u>None</u> | | Where Residing if not at place of death | <u>VA</u> | | |
| Married, Single or Widowed | X | Name of Wife or Husband | X | | | |
| Father's Name | <u>Tommy C. Sadler</u> | | | Father's Birthplace | <u>MD</u> | |
| Mother's Maiden Name | <u>Emma B. Sadler</u> | | | Mother's Birthplace | <u>VA</u> | |
| Name of person giving information | <u>W. D. Pamplin</u> | | | How related to deceased | <u>None</u> | |
| CAUSES OF DEATH | | | | | | |
| Primary | <u>Inanition - (Premature birth) all life</u> | | | | | |
| Immediate | <u>Exhaustion.</u> | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | | Signature of Physician | <u>A. M. Pamplin</u> | | |
| | | | Address | <u>Rockville MD</u> | | |

151

Accident or Suicide?

C



Name
in
Full

Hattie Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------------|---------------|--|--------------------------------|---------------------------------------|----------|--|
| Died at <u>Martinsburg</u> | | Town | <u>Maryland</u> | | County | MARYLAND | |
| Date of death <u>1907</u> | Month <u>November</u> | Day <u>26</u> | Age <u>6</u> | Years | Months | Days | |
| Sex <u>Female</u> | Color or Race <u>Black</u> | | | Birth-Place <u>Martinsburg</u> | | | |
| Occupation <u>-</u> | | | Where Residing if not at place of death <u>-</u> | | | | |
| Married, Single or Widowed <u>X</u> | Name of Wife or Husband <u>X</u> | | | | Father's Birthplace <u>Frederick</u> | | |
| Father's Name <u>John Tyler</u> | | | | | Mother's Birthplace <u>Rockville</u> | | |
| Mother's Maiden Name <u>Martha Bellus</u> | | | | | How related to deceased <u>Father</u> | | |
| Name of person giving Information <u>John Tyler</u> | | | | | | | |

CAUSES OF DEATH

193

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Pneumonia</u> | How long <u>2 weeks</u> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>R.B. Scott sub-reg</u> |
| | Address <u>Rockville</u> |
| Accident or Suicide? | <u>Ind</u> |

